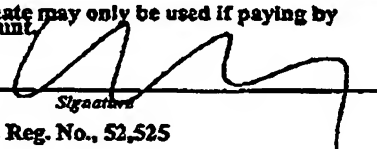


<b>TRANSMITTAL OF INFORMATION DISCLOSURE STATEMENT</b> (Under 37 CFR 1.97(b) or 1.97(c))					Docket No. T8465082US	
In Re Application: Ian Glenn Towe						
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.	
10/024,255	12/21/20001	P. Taskin		1713	3346	
Title: NOVEL HETEROGENEOUS ION EXCHANGE MEMBRANE AND METHOD OF MANUFACTURING THEREOF						
<b>Payment of Fee</b> (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p))						
<input type="checkbox"/> A check in the amount of _____ is attached. <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. 07-1750 as described below.						
<input checked="" type="checkbox"/> Charge the amount of \$180.00 <input checked="" type="checkbox"/> Credit any overpayment. <input checked="" type="checkbox"/> Charge any additional fee required.						
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
<b>Certificate of Transmission by Facsimile*</b>				<b>Certificate of Mailing by First Class Mail</b>		
I certify that this document and authorization to charge deposit account is being facsimile transmitted to the United States Patent and Trademark Office (Fax No. _____)  _____ (Date)  _____ Signature  _____ Typed or Printed Name of Person Signing Certificate				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____  _____ (Date)  _____ Signature of Person Mailing Correspondence  _____ Typed or Printed Name of Person Mailing Certificate		
*This certificate may only be used if paying by deposit account.						
 Signature				Dated: April 4, 2005		
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